

*Eric Terry, Psy. D., RPT-S*  
**Licensed Psychologist PSY 17277**

Adult Intake Form

Name of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ May I leave messages at this number? \_\_\_\_\_

Work Phone: \_\_\_\_\_ May I leave messages at this number? \_\_\_\_\_

Cell Phone: \_\_\_\_\_ May I leave messages at this number? \_\_\_\_\_

\*Please note that confidentiality cannot be guaranteed with wireless calls

E-Mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Grade Completed: \_\_\_\_\_ School: \_\_\_\_\_

Cultural Heritage: \_\_\_\_\_

Spiritual Practice: \_\_\_\_\_

Other Issues of Diversity to be Considered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Presenting Problem(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did the problems start?

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Any Medical Conditions or Symptoms? If so, please describe:

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Physician Name and Number: \_\_\_\_\_

Psychiatrist Name and Number: \_\_\_\_\_

Medication(s): \_\_\_\_\_

In the Event of an Emergency, Please Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

### Family Constellation

	Name of Individual	Date of Birth	Year Married	Year Divorced	Year Deceased
Mother					
Father					
Step-Mother					
Step-Father					
Sibling					
Sibling					
Sibling					
Spouse or Partner					
Other					
Child					
Child					
Child					
Child					

Please describe any history of illnesses, injuries, or accidents:

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Is there any history of any psychological or developmental disorders in your family (i.e. ADHD, autism, schizophrenia, speech delays)? If so, please describe:

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Is there any history of substance abuse in your family?

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Please describe your family of origin and any significant events from your childhood:

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Please describe any significant events in your adult life (i.e. major moves, divorce, loss of a loved one, abuse and/or assault of any kind, legal troubles):

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Have you ever had any previous counseling? If so, where, how long, and did you feel it was helpful?

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Any other information not covered above that you think may be useful:

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